

CLAIMS ONLY

\* Application Number

10/517,067

..Filling Date

Applicān((s)

CLAIMS	AS FILED 1/3/09		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3	1					
4		1				
5	1					
6		1				
7	1					
8		1				
9	1					
10		1				
11	1					
12		1				
13	1					
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44						
45						
46						
47						
48						
49						
50						
Total indep	6					
Total depend	6					
Total claims	12					

May be used for additional claims or amendments						
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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100						
Total indep						
Total Depend						
Total Claims						